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APPLICANTS
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**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****
 06/22/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /SUHAN Ni/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY CO	SHEETS DRAWINGS 7	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
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TITLE
 Phase based feedback oscillation prevention in hearing aids

FILING FEE RECEIVED 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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